PTO/SBAGS (08-03)
Approved for use through 7/31/2005, CMB 0531-0022
U.S. Pateril and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995; so persons are required to respond to a collection of information unless it displays a velid CMB control number.										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								101618,912		
CLAIMS AS FILED — PART I (Column 1) (Column 2)						SMALL ENTITY		OR.	OTHER THAN . SMALL ENTITY	
FOR MUMBER FILE		.eo	MUMBI	ER EXTRA		RATE	FEE		RATE	ÆE
BASIC FEE (37 CFR 1.16(a))						<u></u>	OR		:110	
POTAL CLAIMS pt CFR 1.18(4)	. // creins	us 20 =	•			X 3=		OR	X 8	
(NOEPENDENT CLAIMS (D) CFR (LIG(N))	2 min	us 3 =	•			x ٤•		OR	X 8 e	٠
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						41 <u> </u>		OR	+2=	
* If the difference in column 1 is less than zero, enter "O" in column 2.						. TOTAL	·	OR	TOTAL	7700
CLAIMS AS AMENDED - PART II										
(Cotumn 1) (Cotumn 2) (Cotumn 2)						- SMALL I	YIIIY	OR -	OTHER SMALL	
	CLAIMS EMAINING AFTER SENDMENT	PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIDNAL FEE		RATE	ADOI- TIONAL FEE
S total	// Min		20			X 8		.OR	X & =	
M Digestrated of Carlot	A Min	123	3	•	l	X 8		OR	X S	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.18(4))								OR		
						TOTAL ADD'L FEE	_	OR	TOTAL ADD'L FEE	
. (0	Column 1)	· , ·	Column 2)	(Column 3)		• •			• . •	]
19/4/ / R	CLAIMS EMAINING AFTER IENDMENT	PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-, TIONAL FEE
D COLOUR 17468	9 Min		20 .	•		x 8		OR.	× •	
MA Logar Date of the Control of the	2 Min		3			x 1 =		OR	x 8*	
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+5=		OR	+ 8	
				-		ADD'L FEE		OR	ADO'L FEE	
	otumn 1)		okumn 2)	(Column 3)		<u></u>		_	•	
()   RI	CLAIMS EMAINING AFTER ENDMENT	PRE	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total CO CONTROL OF TOTAL OF T	6 Min		20	• (		X 8=		OR	x <u>50</u> .	
III independent	Min	LID	3	•		X \$=	· .	OR	x :200 -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.18(6))						+8		OR	+:360.	
TOTAL TOTAL ADDIL FEE OR ADDIL FEE										W.
" If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "J".										

The "Highest Number Previously Past For IN THIS SPACE is less than 3, enter 7.

The "Highest Number Previously Past For IN THIS SPACE is less than 3, enter 7.

The "Highest Number Previously Past For IT THIS PROPERTY IS THE PROPERTY IN THE PROPERTY IS THE PROPERTY IS THE PROPERTY IN THE PROPERTY IN THE PROPERTY IS THE PROPERTY IN THE PROPERTY IS THE PROPERTY IN THE PROPERTY IN THE PROPERTY IS THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IS THE PROPERTY IN TH

if you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.